

10

Access to Quality Health Services

Goal

Improve access to a continuum of comprehensive, high quality health care using both the public and private sectors in Kentucky.

Overview

Healthy Kentuckians 2010 built on the *Healthy Kentuckians 2000* goals in the priority areas of Clinical Preventive Services and Health Services, which included both access and barrier issues in primary and preventive health care. *Healthy Kentuckians 2010* acknowledged those past efforts and looked at the many disparities remaining with the intent of eliminating as many of those disparities as possible in the arenas of Clinical Preventive Services, Primary Care, Emergency Medical Services, and Long-Term Care and Rehabilitative Services. The goals and objectives outlined focus on areas of large disparity where attention to prevention and quality can demonstrate improved health care delivery and outcomes. The Mid-Decade Review examines these goals for relevance and provides an update on progress.

Summary of Progress

Access to Quality Health Service objectives of Chapter 10 have seen mixed progress in the last five years. Much of the progress has been shaped by national events and initiatives not solely within the scope of control of a state agency. Other objectives are no longer under the purview of the state health agency, having been moved to agencies outside the Cabinet for Health and Family Services. Objectives previously associated with the Cabinet are not priorities for the reorganized agencies. Other objectives are still developmental and need constant and reliable data sources to be useful as tracking objectives.

Objectives 1 through 5 have seen an increase in uninsured over the period, despite hopeful signs of progress in reducing the degree of under or uninsured. Objectives 9 through 11 have seen some activity and recommendations are made to merge some of those objectives. The Emergency Medical Services (EMS) objectives (10.13, 10.14, and 10.17) were originally listed as developmental and are still that way. Progress has not been made toward institutionalizing these objectives. In fact, responsibility for the EMS program has been transferred out of the Cabinet for Health and Family Services to an independent body—the Kentucky Board of Emergency Medical Services (KBEAM). Over the next five years it is anticipated that the Cabinet would have an opportunity for input into EMS goals, objectives, and data needs. In the interim, however, the status of the EMS objectives remains undetermined.

Long Term Care (LTC) development goals (Objectives 20, 21) are all still valid but will be difficult to validate without a reliable data source. Additionally, responsibility for health policy has been transferred to the newly created Office of Health Policy in the Secretary's Office, Cabinet for Health and Family Services. Further discussion needs to be held to determine if and how these objectives can be met. What is clear is that the occupancy rate in LTC facilities continues to drop while the population of elderly increases. This means that citizens are entering later stages of life in better physical health, and/or that adult day care and home health are providing increasingly sophisticated services that allow individuals to stay at home. The role of assisted living facilities is also important to the decrease in LTC stays. For future reference a look at the increased use of LTC insurance would be helpful, because most policies have as a primary goal that of keeping people in their homes.

It is expected that over the next five years the new Office of Health Policy will have an opportunity to address some of the acute care and long term care objectives and data needs. In the interim, the status of Objectives 10.12, 10.16, and 10.18-10.23) remains undetermined.

Progress toward Achieving Each HK 2010 Objective

Summary of Objectives for Access to Quality Health Services	Baseline	HK 2010 Target	Mid-Decade Status	Progress	Data Source
10.1. Reduce to zero the proportion of children and adults without health care coverage.	Adults: 14.3% (1998)	0%	14.9% (2004)	No	BRFSS
10.2. Increase the proportion of patients who have coverage for clinical preventive services as part of their health insurance.	TBD	Increase	TBD	TBD	
10.3. (Developmental) Increase the proportion of current smokers and problem drinkers who report being counseled about smoking and alcohol use at the last visit to their health care provider.	73.3% (2003) Current smokers only	≥75%	70.8% (2004)	No	BRFSS
10.4. Increase the collection and reporting of information on delivery of recommended clinical preventive services, by provider group, health plan, health system and payer status.	TBD	Increase	TBD	TBD	
10.5. Increase the proportion of physicians, PA's, nurses and other clinicians who receive appropriate training to address important health disparities: disease prevention and health promotion, minority health, women's health, geriatrics.	TBD	Increase	TBD	TBD	
10.6. Increase to at least 90 percent the proportion of people who have a specific source of ongoing primary care.	84.4% (2001)	≥90%	82.9% (2004)	No	BRFSS
10.7. (DELETED)					
10.8. Reduce to no more than 7 percent, the proportion of individuals/families who report that they did not obtain all of the health care that they needed.	13.8% (2000)	≤7%	17.9% (2003)	No	BRFSS
10.9. (DELETED)					
10.10. Reduce by 25 percent the number of individuals lacking access to a primary care provider in underserved areas.	987,322 (1997)	≤740,492	707,271 (2004)	Yes	HRSA

TBD = To be determined. No reliable data currently exist.

Progress toward Achieving Each HK 2010 Objective

Summary of Objectives for Access to Quality Health Services	Baseline	HK 2010 Target	Mid-Decade Status	Progress	Data Source
10.11R. Increase the proportion of individuals from under represented racial and ethnic minority groups that have registered for licensure with the Board of Nursing.	<u>RN (2005)</u> Af. Am. 2.5% Asian Indian .05% Asian Oth. .55% Hispanic .28% Native Am. .36% Pac. Isl. .06% White/NH 95.84% <u>LPN (2005)</u> Af. Am. 8.5% Asian Indian .06% Asian Oth. .2% Hispanic .28% Native Am. .4% Pac. Isl. .03% White/NH 89.7%	Increase from under represented minority groups	<u>RN (2005)</u> Af. Am. 2.5% Asian Indian .05% Asian Oth. .55% Hispanic .28% Native Am. .36% Pac. Isl. .06% White/NH 95.84% <u>LPN (2005)</u> Af. Am. 8.5% Asian Indian .06% Asian Oth. .2% Hispanic .28% Native Am. .4% Pac. Isl. .03% White/NH 89.7%	N/A	KY Board of Nursing
10.12. Reduce preventable hospitalization rates by 25 percent for chronic illness for three ambulatory care sensitive conditions – pediatric asthma, immunization preventable pneumonia and influenza in the elderly, and diabetes – by improving access to high quality primary care services.	TBD	Reduce by 25%	TBD	TBD	
10.13. Increase the proportion of all individuals who have access to rapidly responding pre-hospital EMS.	TBD	Increase	TBD	TBD	
10.14.(Developmental) Increase the proportion of patients whose access to EMS when and where they need them is unimpeded by their health plan's coverage or payment policies.	TBD	TBD	TBD	TBD	
10.15. (DELETED)					
10.16. (Developmental) Assess the proportion of eligible patients with acute myocardial infarction (AMI) who currently receive clot-dissolving therapy within an hour of symptom onset, and establish a realistic plan for im-	TBD	TBD	TBD	TBD	

R = Revised objective

N/A = Only baseline data are available. Not able to determine progress at this time.

TBD = To be determined. No reliable data currently exist.

Progress toward Achieving Each HK 2010 Objective

Summary of Objectives for Access to Quality Health Services	Baseline	HK 2010 Target	Mid-Decade Status	Progress	Data Source
10.17. (Developmental) Assess the proportion of persons with witnessed, out-of hospital cardiac arrest currently receiving their first therapeutic shock within 10 minutes of collapse recognition, and establish a realistic plan for improvement.	TBD	TBD	TBD	TBD	
10.18. (Developmental) Incorporate “model” pediatric ALS and BLS protocols into a comprehensive set of protocols for both adults and children. Facilitate implementation and use of comprehensive protocols through use	TBD	Incorporate standards	TBD	TBD	
10.19. (Developmental) Develop and implement a program to identify hospitals that are prepared and committed to provide emergency treatment for children. Disseminate information about such hospitals to ambulance	TBD	Program developed	TBD	TBD	
10.20. (Developmental) Increase the number of primary care providers who routinely provide or refer potential long-term care patients for a functional assessment.	TBD	Increase	TBD	TBD	
10.21. (Developmental) Increase the proportion of primary care providers who routinely evaluate, treat, and, if appropriate, refer their long-term care patients to subacute rehabilitative and other services to address: Physical mobility Urinary incontinence Polypharmacy Communicating and hearing disorders Depression Dementia Mental disorders, including alcoholism and substance abuse	TBD	Increase	TBD	TBD	

TBD = To be determined. No reliable data currently exist.

Progress toward Achieving Each HK 2010 Objective

Summary of Objectives for Access to Quality Health Services	Baseline	HK 2010 Target	Mid- Decade Status	Progress	Data Source
10.22. (Developmental) Assure that every person with long-term care needs has access to the continuum of long-term care services, especially: Nursing home care Home health care Adult day care Assisted living	TBD	Assure access	TBD	TBD	
10.23. Reduce to no more than 6.0 per 1,000 the proportion of nursing home residents with pressure ulcers at stage 2 or greater.	TBD	Reduce to no more than 6.0 per 1,000	TBD	TBD	

TBD = To be determined No reliable data currently exist.